



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

Notice of Appeal

*(Instructions: Provide all requested information, sign, date and **mail** to the Office of the Regional Director. Any documentation submitted after you mail this form must also be mailed to the same address.) Please keep a copy of this document for your records.*

To: _____, Regional Director

I hereby appeal from the decision of Bureau Chief _____ made on
(date):_____ in connection with my request for parental contact with
my biological/adoptive minor child(ren).

Submitted by (print name): _____

Date of Birth: _____

DIN/NYSID #: _____

Current Address: _____

Check one :

- ☐ I request a Parental Contact Conference.
- ☐ I do not request a Parental Contact Conference. I understand that any additional documentation I wish to have considered by the Regional Director must be submitted to his or her office within 30 calendar days from the date I sign this Notice of Appeal.

Check one :

- ☐ Yes, I wish to examine the records the Department has relied upon in this matter.
- ☐ No, I do not wish to examine the records the Department has relied upon in this matter.

Signed: _____ Date: _____